

501690

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A.		10/11/01
O.I.P.E. CLASSIFIER	AG	690	10/20/01
FORMALITY REVIEW	JF	1007	01/23/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ..... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 4/10/01	
2 0	
3 0	
4 ✓	
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6 ✓	
7 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here